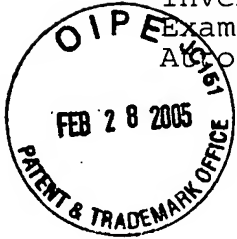


FEE TRANSMITTAL

Application Number 10/694,448  
Filing Date October 27, 2003  
Inventor(s) Kathleen C.M. Campbell  
Examiner Name Rebecca Cook  
Attorney Docket Number SIU 7398

Art Unit 1614  
Confirmation No. 8896



[ X ] Applicant claims small entity status.

**METHOD OF PAYMENT**

[ ] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

[X] Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

**FEE CALCULATION**

1. [ ] BASIC FILING, SEARCH AND EXAMINATION FEES  
(Type: \_\_\_\_\_) Subtotal (1) \$ \_\_\_\_\_

2. [ ] EXCESS CLAIM FEES

Total Claims \_\_\_\_ - \_\_\_\_ (HP) = \_\_\_\_ x Fee \_\_\_\_ = \$ \_\_\_\_\_  
Indep Claims \_\_\_\_ - \_\_\_\_ (HP) = \_\_\_\_ x Fee \_\_\_\_ = \$ \_\_\_\_\_  
Multiple Dependent Claims Fee \$ \_\_\_\_\_  
(HP = highest number of claims paid for)

Subtotal (2) \$ \_\_\_\_\_

3. [ ] APPLICATION SIZE FEE

Total Pages \_\_\_\_ - 100 = \_\_\_\_ ÷ 50 = \_\_\_\_ x \$250 = \$ \_\_\_\_\_  
(Application + Drawings) (round up to whole #)

Subtotal (3) \$ \_\_\_\_\_

4. [X] OTHER FEE(S)

[X] two month extension of time (\$225.00)  
[X] Information disclosure statement (\$180.00)  
[ ] 37 CFR 1.17(q) processing fee  
[ ] Non-English specification  
[ ] Notice of Appeal  
[ ] Filing a brief in support of appeal  
[ ] Request for oral hearing  
[ ] Other: \_\_\_\_\_

Subtotal (4) \$ 405.00

TOTAL AMOUNT OF PAYMENT \$ 405.00

*Janet S. Hendrickson*  
Janet S. Hendrickson, Ph.D., Reg. No. 55,258  
Telephone: 314-231-5400

*2/28/05*

Date

JSH/dep  
Express Mail Label No. EV453251545US